

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/926,609

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		31				
5		13				
6		11				
7		14				
8		11				
9		10				
10		11				
11		14				
12		11				
13		1				
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50						
TOTAL IND.	1					
TOTAL DEP.	16	↔	↔	↔	↔	
TOTAL CLAIMS	17	██████	██████	██████	██████	██████

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.					
TOTAL DEP.		↔	↔	↔	↔
TOTAL CLAIMS		██████	██████	██████	██████